

CITY OF FREDERICK, MARYLAND COMMUNITY DEVELOPMENT BLOCK GRANT FY 2022 FUNDING APPLICATION REQUEST JULY 1, 2022 – JUNE 30, 2023

Check the Appropriate Box			
☐ Public Service Project	Capital Improvement	Project	
APPLICANT	INFORMATION		
Organization Name:			
Mailing Address:			
Project Address (if different):			
Director's Name:	Phone:		
Director's Title:	Fax:		
E-Mail Address:	Agency Website:		
Tax I. D. Number:	DUNS/UEI Number:		
Is this organization registered as a charitable of Section 501(c)(3) of the Internal Revenue Code		☐ Yes	□ No
PROJECT DESCRI	PTION AND BUDGET		
1. Project Name:			
2. Brief Project Summary/Description:			
3. Project Location:			
4. Project Start Date:	5. Project Completion	n Date:	
6. Total Project Cost:	, , , , , , ,		
7. Total CDBG Funding Requested:			
8. CDBG Funding Request as a Percentage (%	o) of Overall Project Buc	lget:	%

9.	Total # of low/mod clients/households to be	ser	ved by this project:	
	Please check which of the following applies: Individuals \square or Households \square			
10.	Indicate the Priority Need that Best Identifie	es Yo	our Project:	
	☐ Abused Children		Senior Services	
	□ Battered Spouses		Housing	
	☐ Services for the Disabled		Homeless Shelter/Transitional Housing	
	☐ Infrastructure Improvements		Serving the special needs population	
	☐ Services for HIV/AIDS		Other	
1.	Activity eligibility must meet at least or	ne of	the Five-Year Consolidated Goals	
	Select the strategy that best fits the propo-	sed	project.	
	Housing	Str	ategy	
	• • • • • • • • • • • • • • • • • • • •		t, safe and sanitary accessible housing that y assisting with acquisition and development	
	occupied by owners and renters in th	e c	rehabilitate existing affordable housing units ommunity by addressing code violations, ements, and accessibility for persons with	
	through down payment / closing cost assi	stan		
	HS-4 Fair Housing – Promote fair housi and affirmatively furthering fair housing.	ng c	hoice through education training / outreach	
	Homelessn	ess	Strategy	
			Care's efforts to provide emergency shelter, housing, and other permanent housing	
	services for the homeless and persons or	fami		
			pport the Continuum of Care's efforts in ction activities and programs for rapid re-	
	Other Special	Nee	ds Strategy	
	housing for the elderly, persons with disabition violence, persons with alcohol/drug depethrough rehabilitation of existing buildings	lities nder and	dable, accessible, decent, safe, and sanitary, persons with HIV/AIDS, victims of domestic acy, and persons with other special needs new construction.	
		AID:	S, victims of domestic violence, persons with	

	Community Development Strategy
	CDS-1 Community and Public Facilities/Infrastructure – Improvements to public buildings and community facilities in the City including public infrastructure through rehabilitation, reconstruction, and new construction of streets; sidewalks; bridges, curbs; walkways; water; storm water management; sanitary sewers; lighting; parks; recreational facilities, neighborhood facilities, and trails including handicap accessibility improvements and removal of architectural barriers.
	CDS-2 Public Services – Improve and enhance public services, programs for youth, the elderly, and persons with disabilities, and general social/welfare public service programs for low- and moderate-income persons and households.
	CDS-3 Public Safety – Improve public safety facilities, equipment, crime prevention, community policing, and ability to respond to emergency situations.
	CDS-4 Clearance/Demolition – Remove and eliminate slum and blighting conditions through demolition of vacant, abandoned, and dilapidated structures.
	CDS-5 Accessibility Improvements – Improve handicap accessibility improvements and removal of architectural barriers to public and community facilities
	Economic Development Strategy
	ED-1 Employment – Support and encourage job creation, job retention, and job training opportunities.
	ED-2 Development – Support business and commercial growth through expansion and new development.
	ED-3 Redevelopment – Plan and promote the development, redevelopment, and revitalization of vacant commercial and industrial sites.
	EDS-4 Financial Assistance – Support and encourage new economic development through local, state, and Federal tax incentives and programs such as Tax Incremental Financing (TIF), tax abatements (LERTA), Enterprise Zones/Entitlement Communities, Section 108 Loan Guarantees, Economic Development Initiative (EDI) funds, Opportunity Zones, and other programs that may be identified.
	ED-5 Access to Transportation – Provide operational support for the expansion of public transportation and access to bus and automobile service and facilities serving alternate modes of transportation to assist residents to get to work or training opportunities.
2.	What National Objective(s) does your project fit under:
	☐ Benefits low- and moderate-income persons;
	☐ Aids in the prevention or elimination of slums and blight; or
	☐ Meets another community development need of particular urgency.

3. Description of Project & Grant Request:

On a separate sheet of paper, please describe the activities to be carried out through this funding request (include attachments):

• Describe the full details of the activity being undertaken with CDBG funds (who, what, where and how). Include the main tasks that will be undertaken in connection with providing the activity services.

- Describe, and quantify where appropriate, the services and outcomes that will be provided as a result of the expenditure of CDBG funds.
- How will these services be delivered?
- Why are CDBG funds needed to support the project?
- How will the CDBG funds leverage other funds?

4. Project Service Area:

The Project Service Area refers to the location where project beneficiaries reside or where clients accessing services reside. A Project Service Area may be a broader area that is beyond the actual location of a physical site.

 Describe the Project Service Area using street boundaries, census tracts, or other recognizable boundaries – if a proposed project/service is available to all Frederick residents, state the service area as city-wide. (Keep in mind the project must serve Frederick residents, regardless of the organization's physical location.)

5. Describe the Clientele you intend to serve:

The organization must ensure that individuals or households benefiting from CDBG funding are low- and moderate-income. Documentation demonstrating this MUST be obtained for each client. This information will be used to measure the project's performance outcome.

On a separate sheet of paper, please answer the following questions:

- If there is a target population served, explain how the population is selected, income qualified, and monitored.
- Describe the process of collecting data for individuals or households and explain what documentation your organization collects to determine income status (i.e. self-surveys, pay stubs, tax forms, bank statements, sworn statements, etc.).

6. Describe the objectives, performance measures, and outcomes the project will achieve:

The organization must delineate the goals and outcomes the project is expected to achieve. Documentation MUST be obtained for each client served. This information will be used to measure the project's performance outcome including direct impact on low-and moderate-income individuals or households or neighborhoods. Priority will be given to activities that have a clear plan, consistent with the budget and demonstrates the applicant has the capacity to implement the proposed plan.

On a separate sheet of paper, please answer the following questions:

 State the goal for the number of clients expected to be serve either as a new service or expansion of an existing service in response to an identified unmet or underserved need.

- State the long-term solutions with quantifiable outcomes of serving the project clientele. The activity should enable and empower those served to achieve their highest level of self-sufficiency.
- Describe how program measurements and outcomes will be documented and reported. How will the effectiveness of program be quantified? Include defined outcomes. The activity should provide clearly stated goals and evaluation criteria that are specific, measurable, and realistic.

FY 2021 Income Limits Washington-Arlington-Alexandria, DC-VA-MD

2021 Income Limit Category	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person
Extremely Low - 30% median income or below	\$27,100	\$31,000	\$34,850	\$38,700	\$41,800	\$44,900
Very Low – 50% of median income	\$45,150	\$51,600	\$58,050	\$64,500	\$69,700	\$74,850
Low – 80% of median income	\$57,650	\$65,850	\$74,100	\$82,300	\$88,900	\$95,500

LMI Clientele Table

(Based on the income guidelines listed above)

Low/Moderate Income Persons or Households:	Total Number of Individuals or Households:
30% of median income or below	
30 - 50% of median income	
50 - 80% of median income	
Total # Served:	

7. Agency Description & Experience:

On a separate sheet of paper, briefly describe the following:

- Mission of the organization.
- Experience of the organization in carrying out the proposed activities/services.
- Length of time the organization has provided the proposed activities/services.

- Describe how your organization markets its services to clients/consumers. How do clients access your services and programs?
- What are your hours and days of operation?
- Where do you provide the services?
- List the officers and members of the board of directors and describe the staff and volunteers who will be involved on this project (including the training of volunteers).

8. Budget Breakdown:

Please fill out this budget to support your CDBG project request. The final program budget will be incorporated into the Statement of Work section of the organization's subgrantee agreement with the City. On a separate sheet of paper, please provide a brief description of each budget line item.

Uses of Funds (Budget):

Use of Funds	Budget
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
Total:	\$

Other Sources of Funds:

Source	Budget	Committed (Yes/No)
1.	\$	
2.	\$	
3.	\$	
4.	\$	
5.	\$	
Total:	\$	

Please note: if this budget is not filled out completely your application will not be complete, which may affect whether your proposal is funded.

Time Schedule:

Task	Date
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

9. Other Items

Attach a copy of the following items:

- Your organization's budget for the current year showing sources of funds and types of expenses.
- Commitment letters from non-CDBG sources or evidence of application for other funds, if available.
- Most recent financial audit or statement, including balance sheet and income statement.
- Most recent IRS Form 990 submittal (or tax return).
- Most recent annual report.
- Articles of Incorporation.
- IRS Designation Letter.
- Any other appropriate information about your project or organization (annual reports, maps, brochures, newsletters, news articles, etc.)
- Drawings, color photos, work summary, and cost estimates for public facility improvement projects.

Applications are due to the City of Frederick, 100 South Market Street, Frederick, MD 21701 by 3:00 p.m. on Monday, March 21, 2022. Please provide two (2) copies (1 original and 1 copy) of the application and all attachments NOT STAPLED OR BOUND. Application and attachments should be an 8-1/2" x 11" format and addressed to Ms. Megan Shanholtz, Grants Manager. If you have any questions or would like guidance in completing this application, please contact Ms. Megan Shanholtz, Grants Manager at (301) 600-2842, or via email at mshanholtz@cityoffrederickmd.gov.

CERTIFICATION

The undersigned certifies the information contained herein is true, accurate, and complete to the best of his/her knowledge and belief. The applicant agrees to comply with all Federal, State, and City policies and requirements affecting the CDBG program. The signatory declares that he/she is an official of the organization, is authorized to file this application, and certifies that the information in this application is true and accurate, to the best of his/her knowledge. In order for your application to be accepted, in addition to the application itself, your organization must submit the following items to the Department of Housing and Human Services no later than 3:00 p.m. on Monday, March 21, 2022.

Sign	ature Date		
Print	red Name Title		
l her	eby confirm that this packet contains all materials requested.		
	An Executed Signature Authorization Form		
	An Executed Statement of Applicant Form		
	Organizational Chart		
	Job Descriptions for this activity/project		
	☐ Current Fiscal Year Agency Budget, including all funding sources		
	Form W-9 (can be obtained at www.irs.gov)		
	IRS Form 990 filed for most recent year		
	IRS 501(c)(3) Designation Letter (Pending letters will not be accepted)		
	Certified Organization Audit/Financial Statements of most recent year a. Copy of OMB A-133 Audit (required if \$750,000 in aggregate Federal funds expended), or b. Financial statements audited by a CPA (only if not qualified for A-133), or		
	Current List of Board of Directors		
	Articles of Incorporation and Bylaws		
	1 original and 1 copy of the application with <u>all</u> questions completed. <i>If an area does not apply, state N/A, do not leave a question blank.</i>		